

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024043

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 783 Primary Registration District No. 3022 Registrar's No. 78

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY

HARRISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

BETHANY

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Reid Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

HARRISON

c. CITY

OR

TOWN

Blythedale

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

NONE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

MARY

Susan

Craig

4. DATE OF DEATH

Month

Day

Year

June 13, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAY 17, 1888

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

HARRISON Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Moore

13b. MOTHER'S MAIDEN NAME

Edith R. Leach

14. NAME OF HUSBAND OR WIFE

Arthur Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Joanell Craig, Eagleville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH

7 DAYS

DUE TO (b)

HYPERTENSIVE HEART DISEASE

10 YEARS

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/12/59 to 6/13/63 and last saw her alive on 6/13/63
Death occurred at 12 NOON m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

BETHANY, MISSOURI

22b. ADDRESS

22c. DATE SIGNED

6/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d. LOCATION (City, town, or county)

Blythedale, Mo

(State)

24. FUNERAL DIRECTOR

Gerald W. Boggess, Eagleville, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-15-1963

26. REGISTRAR'S SIGNATURE

Cyella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0411

2 0410

3

4 1

5 2

6

7 0

8 2

9 443X

10

11

12 2-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leraed W. Burgess

Licensed Embalmer No. 4762

P. O. Address Eagleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.